PRIMARY CARE MATTERS

Your Connection to the Department of Primary Care Services, DDEAMC, Ft. Gordon, Georgia

April / May 1999

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Combatting Childhood Obesity

MAJ H. Glenn Ramos, MD

Thirty-four percent of adults in America are overweight, and obesity is the second most important preventable disease, behind smoking, in the country. Mirroring the precipitous rise in obesity in adults, the prevalence of obesity among children and adolescents has increased markedly since 1964, now affecting about 27% of children.

Convincing evidence now shows that body size and weight have a strong genetic component. If both parents are overweight, approximately 80% of their offspring will be overweight...if neither parent is overweight, fewer than 10% of the children will be overweight.

Since obesity is a familial disorder, the family, and particularly the parents, is important in the treatment of the disease. Studies have shown that the most impressive weight losses occur in children in which the parents are concurrently part of the weight loss program. This is particularly important in children age 6-12. Children look to their parents to determine right from wrong...in everything from morals to diet. Be a positive role model in your household.

Studies have shown that the most impressive weight losses occur in children in which the parents are concurrently part of the weight loss program.

Because of the refractory nature of obesity, prevention remains the treatment of choice. However, little resources have been allocated to combating the problem and, with all the conflicting opinions, it is easy to become confused as to the best course. The pillars of the prevention and treatment of obesity in children and adolescents, are diet and exercise. Parents should seek a diet and exercise regimen that is safe, involves minimal hunger/deprivation, preserves lean body mass/muscle, and allows for normal growth, development and activity.

Let's talk about the proper diet for the child first. There is a common misconception that overweight children eat more than thin children. Some of this is true in that studies have shown that parents will feed obese children more than their thin siblings, claiming that obese children need more food because they are bigger. However, energy needs and appetite do not appear to differ significantly among obese, obesity prone, and normal weight youths. If left on their own, obese children do not tend to eat more, or different foods, than thin children.

In the very young child (1-5 years of age) parents have major control over the child's eating and activity and therefore represent an important focus of treatment in terms of food selection, preparation and availability. In later years, the responsibility shifts from parents to the child, particularly as the adolescent strives to achieve autonomy. Take an active role in preparing meals, and choosing healthy snacks for your children. Habits learned while young follow a person throughout their life, including types of food that they were taught to enjoy as a child.

Aggressive weight loss in children can stunt growth and should be avoided. High protein/very low calorie diets are, in most cases, dangerous for children and adolescents. A balanced low calorie diet, in the range of 1400 - 1800 calories per day, low in fat, is appropriate for most children and adolescents and has not been demonstrated to negatively influence long-term growth.

However, the fact that the child is on a "diet" is not to say that they should feel hungry throughout part, or all of the day. By increasing the fiber in a child's diet one can keep the child feeling full, without excessive calories. The key to this "no hunger" diet is healthy amounts of cereal, grains, fruits and vegetables.

Inordinate pressure to become thin can lead the child to become preoccupied with the thought and increase the risk of anorexia and bulimia...particularly in adolescence. It's better if the whole family eats healthy and exercises, rather than singling out the child as "needing it."

Keep healthy snacks available. Instead of telling the children that "they shouldn't be hungry," accept that they are and provide them with nutritious alternatives. Keep junk food out of the house. In a similar fashion pack your children's lunches to ensure that they are balanced.

It is also important to remember that unlike adults who are finished growing, and need to lose weight, children can just hold their weight and gradually "grow into their weight." Thus, for some children who are mildly to moderately overweight, weight maintenance may be a reasonable goal.

For older children, age 6-12, cooking is a wonderful hobby with which to get them involved. By learning to cook low calorie/low fat they begin to feel in control of their lives. Teach them that food can be their ally, and can begin to enjoy food rather than loathe its effects. The children can also establish cooking habits that will continue to serve them throughout their lives.

While energy input does not appear to vary significantly between overweight and thin children, total energy expenditure has been shown to differ up to 20%

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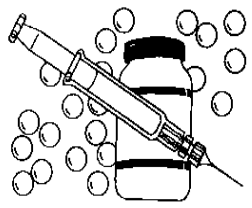

Focus on Medications: Glyburide

MAJ Niel Johnson, MD

Diabetes is one of the most common serious illnesses seen in the Primary Care setting. Twenty-five million Americans are diagnosed with diabetes each year. Because of the way the high sugars damage internal organs over the years, diabetes is the most common cause of kidney failure and blindness, and is a significant contributor to other serious problems such as heart disease, stroke and debilitating skin infections.

Diabetes is a disease that runs strongly in families. But even if someone is pre-disposed genetically to having troubles with sugars, much can be done to minimize the impact of the problem and to help keep one's blood sugars in a proper range. Unfortunately, the reverse is true, too. Poor diet, exercise, and lifestyle can lead to another type of diabetes which can be just as severe as the type some people are born with.

Fortunately, excellent treatment is available for those who suffer from diabetes. The type and nature of treatment depends on the severity of the diabetes, and varies widely among individuals. In past articles, we've discussed insulin and glucophage (Metformin®). The purpose of this article is to familiarize you with another oral medicine, glyburide, used in the treatment of mild to moderate diabetes.

Glyburide (trade names Diabeta®, Micronase®) is a medicine that helps lower a person's blood sugar by stimulating the pancreas to secrete insulin and help the body use its insulin more efficiently. It is best used in people with non-insulin-dependent diabetes, because it relies on the pancreas to being able to produce insulin intact.

The typical dosage for glyburide is 5 - 10 mg, orally, twice a day. Often, your doctor will start off with a small dose and work up to the larger doses as needed. It is advised that glyburide be taken about 30 minutes before meals.

Side effects include hypoglycemia (low blood sugar), headache, nausea, sweating, weakness, mental confusion, yawning, fatigue, palpitations and flushing skin rashes.

Glyburide is not a replacement for good eating habits, regular exercise and maintaining a healthy lifestyle (avoiding smoking, excessive alcohol, etc.). It is a tool to help your body deal with its difficulty managing your sugars.

If you miss a dose, do not make up for it by taking extra medicine. Just remember to take your next dose on schedule.

It is important when taking any type of anti-diabetic medicine to keep close watch on your blood sugars. Insulin-dependent diabetics must check their sugars up to four times a day, and patients on oral medicines must have the hospital check their labs every few months. Your doctor will advise you on how often you should come in to do this.

You should make plans to come in and see your primary health care provider on a regular basis, or earlier if you feel your medicine is causing side effects that concern you. For more information about glyburide or any other medicine you are taking, please make an appointment in your clinic or contact the EAMC Pharmacy at 787-7010.

Nutrition Notes:
There's No Such Thing as a "Diabetic Diet"

1LT Ronna L. Winn, RD

What did you first think when you were told you had diabetes? The thought of "forbidden" foods such as ice cream, cake and sugary desserts probably crossed your mind. One of the most frequently asked questions people with diabetes ask is, "What can I eat now?" The fact is, there is no such thing as a diabetic diet and there are no "forbidden" foods for a person with diabetes. People with diabetes can eat the same foods as people without diabetes (with proper education and in the context of a well-balanced, healthy diet). The difference is that diabetics should pay close attention to portion sizes and meal spacing in order to keep blood glucoses under control.

Why, then, are sweets and sugar still associated with diabetes? It was once believed that "simple sugars," such as sucrose and dextrose (found in foods like candy and soda), were a primary source of raised blood sugars because they are rapidly absorbed into the blood stream. What we now know about diabetes is that all sources of carbohydrates contribute to raising blood sugar. In fact, ***it is the amount of total carbohydrates consumed that has the greatest effect on blood sugar, not the source of carbohydrates.*** For example, 3/4 cup of cornflakes has 15 grams of carbohydrates, as does one tablespoon of pancake syrup. Everything else being equal, both of these foods will raise blood sugar to the same degree.

Another question people often ask is, "How many

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The Department of Primary Care Services

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Head Nurse, DPCS LTC Gertdell Phyall, AN HCA, DPCS Mr. Kenneth Brace NCOIC, DPCS SFC Deborah Fisher

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OIC, CHC	MAJ Ed Boland, MD		CPT Robert Dennis, PA-C
NCOIC, CMS	SFC Tracey Jones		
Asst. NCOIC	SFC (P) Michael Tate		Dr. Paul Visscher, MD (Peds / EFMP)
Supply NCOIC	SPC Aubrey Rutherford		Dr. Morgan Whaley, MD
PES NCOIC	SGT Gregory Tanner		Ms. Signe Erne, PA-C
SRP NCOIC	SSG Johnson		Ms. Maria Richards, PA-C
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22nd & Barnes Ave., 787-4400/7755

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NCOIC	SSG Keith Ferguson		CPT Michelle Miller, PA-C
Asst. NCOIC	SSG Rhodes		Mr. Patrick Walters, PA-C
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7th Floor, EAMC, 787-6845

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			MAJ Kim Humulock, MD
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Primary Care Clinic
2nd Floor, EAMC, 787-7300/2298

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NCOIC	SSG Karen Brown		CPT Andrea Pfeifer, DO
Head Nurse	MAJ Matthew Anderson, AN		Dr. Terry Andrews, MD
PA Staff	Mr. Claude Lett, PA-C		Dr. Charles Youmans, MD
	Ms. Queen Harvey, PA-C	Pharm D.	Dr. Nancy Burkhalter, Pharm D
	Ms. Susan Maples, PA-C		

Optometry Clinic
2nd Floor, EAMC, 787-7822

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NCOIC	SSG (P) Baxter Morrison		SGT Sean Ross

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C, EMS			MAJ Sal Wambsgans, MD
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	Mr. William Rutledge, PA-C		Dr. Martha Bradford, MD
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787-7300/7360

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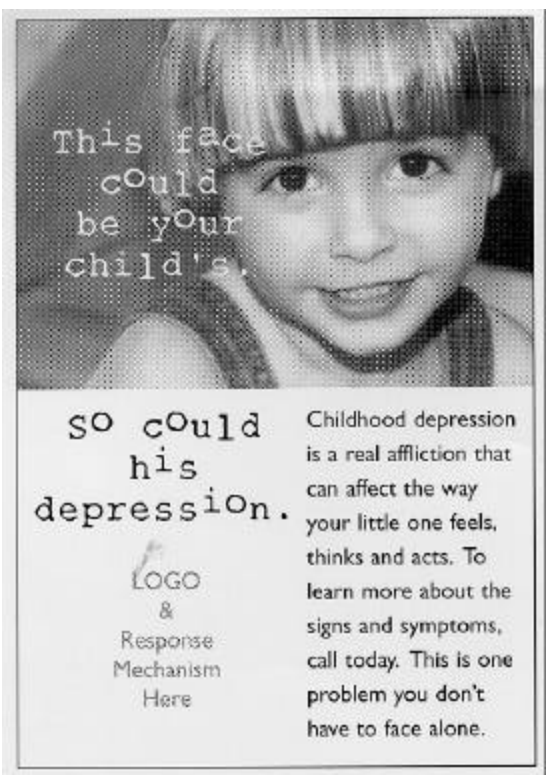
NCOIC	SFC Leonard Donaldson		CPT Christopher Emery, DO
Residency Dir.	MAJ Brian Unwin, MD		CPT (P) Deborah Packer, MD
A Team Leader	MAJ Eric Morgan, MD		CPT Stephen Schmidt, MD
B Team Leader	CPT (P) Jennifer Johnson, MD		CPT Kevin Moore, MD
Head Nurse	MAJ Tamara Lutz, AN		Dr. Don Reynolds, MD
Pharm D.	Dr. Leslie Vollenweider, Pharm.D.		Mr. S. Edward Bradford, PA-C
Med Clerk Superv.	Ms. Irma Williams		Ms. Michelle Bannon, PA-C
Pediatricians	Dr. Jennifer Kutra, MD		Mr. Stephen Solum, PA-C
	Dr. Sylvester Ajufo, MD		
FP Chief Residents	CPT Kevin Whitney, MD		CPT David Harrover, MD
FP Residents	CPT Jeffery Crowell, MD		CPT Alan Davis, MD
	CPT Catherine Demastes, MD		CPT Stephen Rittenhouse, DO
	CPT Jane Sadler, MD		CPT Scott Bledsoe, MD
	MAJ Michael Dlugopolksi, MD		CPT James Joseph, MD
	CPT John Mercer, MD		CPT Robert Suykerbuyk, MD
	CPT Sean Thomas, MD		CPT Jennifer Travis, MD
	CPT Philip Waalkes, DO		CPT Stephanie Redding, MD
	CPT Jason Wieman, MD		CPT Dean Pederson, MD
FP Interns	CPT Adio Abdu, MD		CPT Christopher Braga, DO
	CPT Neomie Friedman, MD		CPT Duane Hennion, MD
	CPT George Kyle, MD		CPT Marshall Mendenhall, MD
	CPT Alissa Rubin, DO		CPT MelissaTebrock, MD
	CPT Marshall Smith, MD		CPT Scott Moran, MD



Family Practice Researchers Earn High Marks at National F.P. Meeting

MAJ Niel Johnson,

The Department of Family and Community Medicine at DDEAMC again proved to the military's family practice community that Ft. Gordon is the premier residency site for outstanding scholarly activity.

Physicians from your Family Practice Clinic journeyed to Las Vegas, NV, to compete in the Uniformed Services Academy of Family Physicians Annual Scientific Assembly's research contest. Military family practitioners from the Army, Navy, Air Force and Public Health services meet annually for a meeting of continuing medical education, professional development and research presentation.

The research competition begins in the preceding fall, with a call for abstracts from the 1600 members of the USAFP practicing all around the world. The field is narrowed to a select group who will compete at the annual meeting. This year, EAMC family doctors earned seven of the twenty-four slots to compete. And sure enough, we yielded three winning projects, including two from our department's Research Coordinator, Dr. Morgan!

- **MAJ Eric Morgan, MD**: Patient Satisfaction and Continuity of Care in a Family Practice Clinic. *(First Place, Staff Poster category)*

- **MAJ Eric Morgan, MD**: A Comparison of U.S. Army FP Inpatient Residency and Postresidency Inpatient Care. *(Second Place, Staff Clinical Investigation category)*

- **CPT Sean Thomas, MD**: Are These Bugs Really Bites? Varicella Vaccine Related Zoster and Post-Marketing Surveillance. *(First Place, Resident Poster category)*

This year marks the seventh year in a row that EAMC has successfully won awards at the USAFP Annual Assembly. Special congratulations go out to the other family doctors who presented their projects.

Next year's USAFP Meeting will be held in Atlanta, GA, where we hope that our "home field advantage" will help us dominate the competition again.

Again, congratulations to Dr. Thomas and Morgan on their success!

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beginning as young as 3 months of age.

Exercise, first and foremost, is the best way to keep children thin, and is an essential part of any weight reduction program. Physical activity is one variable that can be directly controlled by the child. Stay with aerobic sports... any sport that keeps the heart rate up for 30 minutes or more like running, skiing, bicycling, hockey, roller skating, basketball, soccer, swimming and tennis. These are all activities that burn fat.

Which exercise or activity is the best? It is the one the child enjoys. Rather than making it an onerous task encourage them to do what they like. Don't say "you need to exercise to lose weight." That makes the activity a chore, and suggests that you do not approve of their appearance. Rather encourage your children by saying "Why don't you go out and play some basketball?" Or even better "Do you want to go out and play some basketball WITH ME?"

"Natural supplements," peddled throughout the country to increase muscle and lose weight, are of little value, and may be dangerous...

Another way is to simply make it a rule that unless inclement weather makes it impossible, the children must stay outside. If they are outside they are typically active, and not eating.

Put your children on teams. Again, make it the sport of their choice, but don't let them quit. Staying on the team will keep them out, and take their mind off exercise, while entrenching a habit of exercise.

In a similar vein, keep your children away from the television as much as possible. The more your children are watching TV, the less time they are spending out exercising. Also TV advertizes snacks to your children. This is the worst combination possible...inactivity with high calorie foods.

The use of medicine in the treatment of obesity in children is not indicated, and may be dangerous. Likewise, "natural supplements," peddled throughout the country to increase muscle and lose weight, are of little value, and may be dangerous for your child.

It is very important to always remain upbeat. Put a positive spin on everything related to their weight. Don't say "I'm surprised that you didn't lose any weight with all the soccer you played." But rather "You really improved this year and are becoming a very good soccer player." The first statement could frustrate the child because he or she did not achieve your supposed goal of losing weight. The second statement encourages the child to continue because the goal is different...playing soccer well, at which he or she was successful.

Lastly, and most importantly, make sure that the children understand that you love them unconditionally. Remind them daily that they are beautiful, intelligent, loved children. This will allow them to develop a healthy ego that is not forever tied to their weight.

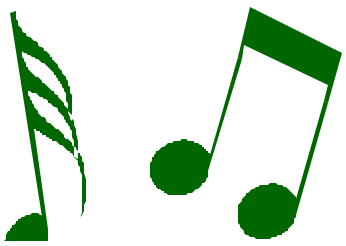
If you or your child have further questions about weight management, we invite you to come in and discuss your situation with your primary health care provider. The Bariatric Clinic is designed to care for individuals age 16 and over. However, if you would like to further discuss your child's weight, a consultation to Dr. Ramos, the DDEAMC Bariatric Clinic Director, can be made by your provider as necessary.

Outpatient Psychiatry Consult Procedures

The Outpatient Psychiatry Clinic, located on the first floor of Building 33800, has walk-in hours every weekday except Thursdays. The hour of 0730 to 0830 is the designated "open door" time for patients presenting for initial evaluation with consultations.

Patients requesting a routine evaluation by one of our providers must have a referral from their primary health care provider. This consult should be entered into the system as an electronic consult. Patients should then present to the Outpatient Psychiatry Clinic during the above times for a full intake evaluation. (Please remember to pick up your health records at the main hospital before coming over.) Further appointments will then be arranged, as appropriate.

Patients desiring immediate psychiatric evaluation, such as that for suicide, are advised to go directly to their primary clinic or the emergency room, for immediate evaluation. For those unable to get to either of these places on their own, we advised calling 911 for assistance. Questions may be directed to our clinic at (706) 787-7108.



Family Practice Clinic Notes

MAJ Ron Moody, MD

♦ **Expanded Availability for Well-Woman Examinations**

The Department of Primary Care and Eisenhower Army Medical Center are pleased to announce expanded availability and access to well woman exams. Through a cooperative effort of the Department of Primary Care, Gynecologic Service, and the DOD Breast Cancer Initiative, an increase number of appointments will be available to **ALL** military beneficiaries. Appointments are also being made available on *nights*, and on *weekends* to improve access to this very important preventive health exam.

♦ **Scheduling Well Woman Appointments**

Prime and Empaneled Patients. In general, every effort should and will be made to schedule this appointment with your primary care provider. This health care visit is an important part of your general health care. If your provider does not perform well women exams or will not be available for a reasonable amount of time, a visit with a different provider will be arranged. Please call 787-7300 to schedule this appointment. It is usually best to call between 1200 - 1900 to schedule this exam.

Non-Prime and other Non-empaneled Patients. The increased availability of appointments now permits us to offer these appointments on a space available basis with booking of appointments in advance. Please call 787-7300 to schedule this appointment. It is usually easiest to call between 1200-1900. If an appointment is not available, you will be informed of the current wait list length and allowed to place your name on a wait list if you desire for the next available appointment. This

Primary Care Clinic Notes

MAJ Niel Johnson, MD

♦ **Primary Care Clinic Selects Ms. Brenda Perry as Employee-of-the-Month for January 1999**

The Primary Care Clinic recognizes its employees in a more formal manner by selecting an Employee-of-the-Month. Both patients and staff recognize the hard work shown by all of our staff members, but occasionally someone stands out who deserves an extra note of recognition. Ms. Perry is a medical clerk assigned to the Primary Care Clinic, and has served with us since since 1991. She has been a dedicated member of our team since her arrival, and has been particularly instrumental in organizing the administrative details that allow our clinic to run smoothly. Her dedication to the PCC and Directorate missions reflect highly on her, and contribute to our clinic's positive image.

♦ **Attention Diabetics Using the Precision QID Blood Glucose Machine**

Diabetic patients who check their blood sugars at home with the **Precision QID** machine are reminded to bring their machine in to their appointments. The PCC has a computer which can download your data directly, and prepare a summary report for both you and your health care provider. We encourage you to do this even if your appointment is for something else besides diabetes. Often times, other illnesses are affected by diabetes, and having an updated report can prove useful in putting your acute illness in perspective. We will file an up-to-date copy of the report into your chart so it is ready for review when your routine diabetes check-up does occur. We can also perform a diagnostic check-up of your machine while you wait! For best service, come in an extra 5-10 minutes early for your appointment so your report can be printed in time for your scheduled appointment.

Internal Medicine Clinic Notes

MAJ Mark Mataosky, MD

♦ **Evening Appointments Available for Weight Loss Clinic**

In order to serve you better, we have increased the availability of appointments to the Bariatric (ie. Weight Loss) Clinic. This clinic is run by staff members of the Internal Medicine Clinic in concert with specialists from several other clinical areas, such as Physical Therapy, Nutrition Care and Psychology. The weight loss clinic has expanded it's hours to include night-time classes, in addition to the Thursday afternoon 1300 and 1430 classes. The additional class will be from 1700-1800 hrs, every other week. For additional information please call the Internal Medicine Clinic at 787-8470.

♦ **Pharmacy Renewal / Refill Reminders**

The Internal Medicine Clinic accepts prescription refills to be called in at 787-7360. Please ensure that when you leave a request that you specify the name of the medication/s you need renewed, the dosage/s, the number of times a day you take it, and your full name and social security number. Keep in mind, also, that refills can be ordered directly from the pharmacy by calling 787-1710. Calling your health care provider is only necessary when renewing expiring medicines.

Occupational Health & Industrial Hygiene Service Notes

Mr. George Pruiett, IH Program Manager

♦ **Commander's Guide to Soldiers Health Protection: Workplace Health Hazards Assessments and Hazards Awareness Training Aids**

In the last issue of *Primary Care Matters* Commanders were ask to answer this question: What health hazards are my soldiers exposed to in Garrison? The primary tool use by OH/IH professionals throughout the Army is a process called workplace Health Hazards Assessments (HHAs). This is usually completed by an Industrial Hygienist (IH) and his/her staff. The objectives of HHAs are (1) identify potential workplace health hazards and controls impacting Department of Army (DA) personnel (2) aid in the establishment of hazards specific medical surveillance (3) document Commanders compliance with federal health standards and (4) aid in minimizing and/or eliminating health hazards that may negatively impact Commanders and soldiers missions.

The data obtained during annual HHAs is shared among Commanders, Directors, Department Chiefs, Supervisors, Health/Safety professionals, and impacted personnel to consistently guard against compromises in workplace health/safety. The actual HHAs data is computerized and maintain at two different levels within DA. Locally, at each installation in the IH Health Hazard Information Module (HHIM) and centrally at the U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM), Aberdeen Proving Ground, MD.

Key to soldiers health protection is "hazards awareness". To help ensure that Commanders have the tools necessary to promote soldiers health protection, we have established a "Health/Safety Video Film Library (HSVFL)" on workplace hazards. Commanders, Directors, Department Chiefs, and Supervisors are encouraged to check out and use videos (short, 5 - 10 minutes in duration) contained in this library in support of personnel hazard awareness training needs. A completed listing of videos is available upon request by contacting IH.

The next article will focus on Medical Surveillance and Workplace OH Screenings. Additional information can be obtained by contacting Mr. George S. Pruiett - Industrial Hygienist at 787-1214/1213 or Ms. Maria Del Valle - Occupational Health Nurse at 787-5302/5124. This is an informational service brought to you by Eisenhower Army Medical Center, Department of Primary Care Services - Community Medicine Service (Connelly Health Clinic).

Optometry Clinic Notes

COL Luke Solverson, OD

♦ **Obtaining Military Eyeglasses**

Active Duty personnel and Retirees who have a current prescription (less than 1 year old) can order glasses through the Optometry Clinic at Eisenhower Army Medical Center on a walk in basis. Optometry is located on the 2nd floor of the hospital in the EENT Clinic, Monday thru Friday 0730-1600 hours. Please bring your outpatient medical records with you, if available, as this will speed your visit.

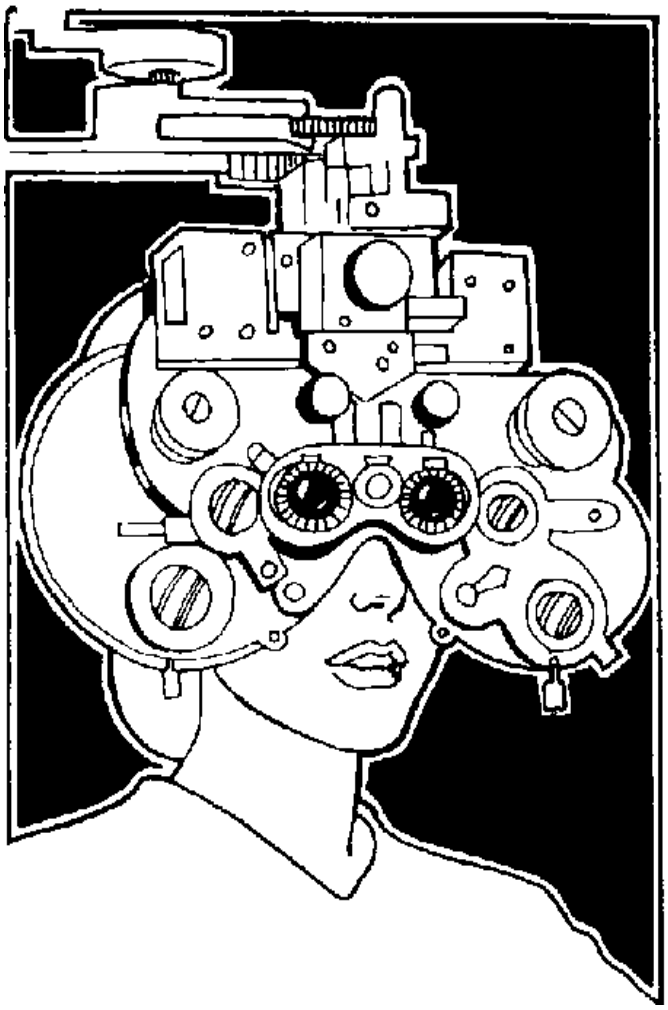
♦ **Soldier Readiness Program (SRP) Requirements**

We have received some questions concerning the requirements of the eye screening portion of the SRP screening. A soldier must have the following in order to receive a "GO" on the SRP screening:

1. Two pairs of glasses in their possession at the SRP screening, at least one pair of them being military glasses
2. One pair of protective mask inserts in their possession (if needed). For active duty soldiers, the mask inserts will be the M-40 series.
3. Ability to read the 20/20 line with their glasses. Not contact lenses.
4. Have had an eye exam within two years if you wear glasses; otherwise, within 5 years if you do not wear glasses.

♦ **Making Optometry Appointments**

Patients desiring to see the Optometrist DO NOT need to obtain a consultation from their primary health care provider (HCP). Patients may self-refer for an optometry appointment by calling 787-7300 or by stopping by in person to the Family Practice Clinic check-in desk. Tricare Prime members may also self-refer for a routine eye exam with a network civilian eye care provider. A current list of participating providers and information on the procedures can be obtained in the Tricare Service Center on the 2nd floor. Urgent requests for eyewear for soldiers deploying or without glasses may call 787-7199 or come to the Optometry Clinic inside the EENT Clinic on the 2nd floor.



Carbon Monoxide: The Hidden Killer

CPT Scott Antoine, DO

Carbon Monoxide (CO) poisoning is responsible for more than 50% of fatal poisonings in the United States each year. As winter weather leaves Fort Gordon, we once again turn our attention to this **colorless, odorless** gas, since common sources include combustion of fossil fuels (gas and oil furnaces), boat fumes and automobile emissions. Once inhaled in sufficient quantities, the gas competes with oxygen in the blood. If the concentration of carbon monoxide is great enough, death occurs due to oxygen debt in the tissues. Often, if the exposure is significant and death does not occur, central nervous system toxicity occurs, manifested by numbness in arms and legs, loss of coordination, and memory problems. If untreated, these problems may become permanent.

Symptoms of CO poisoning include headache, dizziness and nausea. Later signs indicating more severe exposure include sleepiness or periods of unconsciousness. The difficulty in diagnosis rests on the fact that the early signs and symptoms of exposure may mimic such common winter maladies as the common cold or the flu. Often, careful questioning concerning type of home heating and a diligent physical examination by your doctor may make the diagnosis evident. The presentation of an entire family with headache and nausea may tip off the doctor that CO poisoning is a possibility. Treatment for minor exposures consists of oxygen administration by mask and usually results in complete resolution of the neurologic signs and symptoms. Severe cases are treated using oxygen under pressure in a "hyperbaric" chamber. Fort Gordon is the only military hospital in the region with such a chamber.

If you suspect CO intoxication, open the windows to your home, evacuate anyone inside (especially pregnant women and children), and dial 911.

As with most illnesses, the cornerstone of treatment is prevention. CO intoxication may be prevented by having your furnace cleaned and inspected regularly and by not leaving your automobile running with the garage door closed.

In addition, inexpensive, easy to use CO monitors may be purchased at most local hardware stores.

If you suspect CO intoxication, open the windows to your home, evacuate anyone inside (especially pregnant women and children), and dial 911. All fire departments and many ambulance services possess special monitoring devices and can inspect your home in an emergency. Anyone with symptoms should seek immediate medical attention at the closest emergency department.

Diabetic Diet... (Continued from page 2)

carbohydrates can I eat each day?" This depends on several factors, such as exercise habits, blood cholesterol values and weight loss goals. In general, a dietitian will develop a meal plan that distributes carbohydrates throughout the day with a calorie level that promotes a healthy weight. He or she will advise the patient on the best selections from each of the food groups using the American Diabetes Association's Exchange List or similar system. Ultimately, it's the patient's choice how he or she "spends" the carbohydrates and foods at each meal.

For example, look at how Patient A and Patient B have "spent" their carbohydrates differently. Both patients have stayed within their meal plan and chosen their own foods. With the help of a dietitician and with daily blood glucose monitoring, they can develop even greater flexibility and choice in their meal plans and exercise plans.

Patient A

1 fruit	*1 medium peach (60 calories, 15 grams carbohydrate)*
2 carbohydrates	*2 slices wheat toast (160 calories, 30 grams carbohydrate)*
1 milk	*1 non-fat yogurt (90 calories, 12 grams carbohydrate)*
1 fat	*1 tablespoon margarine (45 calories, 0 grams carbohydrate)*

Total carbohydrates = 57 Total calories = 355

Patient B

1 fruit	*4 ounces orange juice (60 calories, 15 grams carbohydrate)*
2 carbohydrates	*1 1/2 cups cereal (160 calories, 30 grams carbohydrate)*
1 milk + 1 fat	*8 ounces 2% milk (120 calories, 12 grams carbohydrate)*

Total carbohydrates = 57 Total calories = 340

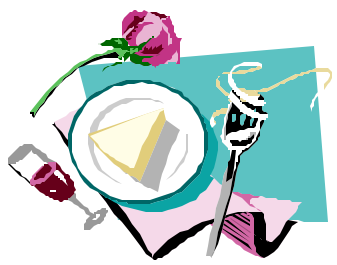
A third question often asked about a "diabetic diet" is, "What foods are best to eat to control my blood sugars?" The best food choices for all of us, with or without diabetes, are those foods that are concentrated in vitamins, minerals and fiber. One way to evaluate your diet is to look for lots of color and skins intact, indicating high vitamin and fiber content, such as peppers, sweet potatoes and plums. Sweets, such as candy, desserts, and sweet tea, may taste good, but they are loaded in calories and drive blood sugars up without providing any healthy benefits for the body. Fried, fatty foods and spreads also contribute extra calories that promote weight gain. A dietitian can help you decide if your diet is missing nutrients and advise you on how to improve it.

Tools to help you to take care of your diabetes include diet, exercise and medications. These are big adjustments for most of us and are not meant to be an overnight change. It takes a lot of effort to permanently improve your habits, but the rewards of health without disability and dependency are worth it!

For more information on nutrition and taking care of your diabetes, consider attending EAMC's Diabetes Education Series. This series of three classes are offered Wednesday mornings each month and include speakers from the Departments of Nursing, Nutrition, Physical Therapy, Pharmacy and Medicine. Call 787-2243 to schedule an appointment. Want to read more about diabetes? Check out these Web addresses for sources of valuable, professional information:

- **American Diabetes Association** **www.diabetes.org**
- **Joslin Diabetes Center** **www.joslin.harvard.edu**
- **American Dietetic Association** **www.eatright.org**

Your local American Diabetes Association office is also ready to assist you at (706) 828-0420.



Check out your hospital's World-Wide Web page at
WWW.DDEAMC.AMEDD.ARMY.MIL

Acupuncture- Healthy or Hocus- "Poke-us"

provided to the *PCM* Editor by *Women's HealthSource*

A constant pain in your neck has you gulping over the counter painkillers. You've been to the doctor, who attributes your pain to stress. You're at your wits' end when a friend suggests acupuncture. Is she kidding?

Probably not. An estimated 15 million Americans have been treated with acupuncture. It's easy to find anecdotal evidence of its effectiveness in relieving pain and various other symptoms. Just look at any number of books, magazines and Internet sites on the subject. But does it really work, or are its effects purely placebo?

To qi or not to qi?

Acupuncture is a component of Chinese traditional medicine that's been around for at least 2,500 years. The Eastern philosophy behind it is that health depends on a vital energy called qi (pronounced "chee") that flows through your body along 14 pathways called meridians. If your qi is out of whack, according to this theory, you get pain and disease. Inserting needles into points along the meridians unblocks your flow and restores your body's healthy balance.

Western philosophy: Hogwash. If acupuncture works, then research suggests it's because inserting needles into your skin releases endorphins, the body's natural painkillers. Of course, a lack of rigorously controlled research is precisely why scientific, Western minds have a hard time believing in acupuncture.

Now some fog of doubt may be lifting. A consensus statement released last year by the National Institutes of Health (NIH) acknowledges the lack of well-designed and controlled research comparing acupuncture with placebo or sham acupuncture, in which needles are inserted anywhere in the body. Nevertheless, the consensus statement says there's enough evidence to clearly show that acupuncture helps provide relief from pain after dental surgery and the nausea and vomiting from chemotherapy, anesthesia or pregnancy.

Assessing the studies, the panel concluded that acupuncture also may help control the pain of menstrual cramps, tennis elbow, fibromyalgia, low back pain, osteoarthritis, headache and other conditions that involve chronic pain.

One of the studies cited by the NIH was conducted by Abass Alavi, MD, chief of nuclear medicine at the University of Pennsylvania Medical Center, who showed that acupuncture affects the flow of blood in the brain. He used SPECT (single photon emission computed tomography) to view the brains of four people with pain and five pain-free people who served as controls. Dr. Alavi found that after acupuncture needles were inserted, all of the patients had increased blood flow to the thalamus, the area of the brain that relays pain and other sensory messages. Because the brains of the pain-free group showed the same reactions as those with pain, the changes in blood flow couldn't be attributed to placebo.

Finding an Acupuncturist

Is it Like Looking for a Needle in a Haystack?

There's no board certification in acupuncture, so if that's what you usually look for in a doctor, you'll have to change your criteria. Thirty-six states license or regulate the practice of acupuncture by non-physicians and set training standards for certification. Many states, however, have no training requirements for physician acupuncturists.

There are an estimated 10,000 licensed acupuncturists in this country, 3,000 of whom are physicians. To find a qualified practitioner, ask for a referral from your doctor or someone you know who's had acupuncture. For a referral to a trained physician acupuncturist, call the American Academy of Medical Acupuncture referral line at 1-800-521-2262 or contact its Web site at www.medicalacupuncture.org. Its members are all licensed doctors of various medical specialties, and they have more than 200 hours of special training.

Getting the point

If your have localized chronic pain or nausea and vomiting from chemotherapy or pregnancy, or if you're facing surgery and are worried about nausea from the anesthesia, ask your doctor about acupuncture. Here's what to expect. Depending on your reasons for seeking acupuncture, you'll have from one to 20 or more hair-thin needles inserted under your skin. Some may go in as deep as 3 inches, depending on where they're placed in the body and what the treatment is for. Others will be placed superficially. The needles are usually left in 15-30 minutes.

There should be little or no pain from the insertion. Some people even find it relaxing. Significant pain from the needles is a sign that the procedure is being done improperly. Once inserted, the needles may be stimulated with an electric current.

Expect to have several sessions. You may not get relief from the first one, but if nothing's happening after six or eight sessions, acupuncture probably isn't for you. If you do notice some relief, give it a chance to work. It could take months to alleviate your pain. Keep in mind that acupuncture may or may not be covered by your insurance. *[Editor's Note: Acupuncture is NOT a Tricare benefit.]* If you have to pay out of pocket, you can expect it to cost anywhere from $40 to $125 per session.

Needles aren't the whole of acupuncture therapy. Don't be surprised if your acupuncturist recommends herbs, nutritional supplements or changes in your diet or lifestyle. If you question any of the suggestions or they seem extreme, check with your doctor. Remember that although acupuncture is a proven therapy, other suggested treatments may not be as useful.

Risky business?

Adverse side effects are rare, but they do occur. There have been cases of transmission of hepatitis B from needles that aren't sterilized properly. (Make sure your acupuncturist uses disposable needles.) Other risks include possible lung puncture, and tissue or nerve damage.

Most adverse effects are the result of the practitioner's lack of medical knowledge, unhygenic practices, or inadequate training (see Finding an Acupuncturist). Of course, there are risks with every type of treatment. Even the painkillers you're gulping to ease your symptoms carry risks, such as stomach irritation from too much aspirin or ibuprofen.

Eye on the needle

Not everyone is enthusiastic about being a human pincushion, but many swear by the benefits of acupuncture. If you decide to go the needle route, be sure to seek out a well-trained practitioner. And be patient.

This article appeared in the January 1999 *Mayo Clinic Women's HealthSource* newsletter, and is used with permission. This resource offers monthly patient education information relating to all aspects of women's health. Subscription inquiries may be directed to the Mayo Foundation for Medical Education and Research, 200 First

NEXT ISSUE: CLEARING UP CALCIUM CONFUSION

Primary
Care
Matters

Primary Care Matters is produced by the Department of Primary Care Services, DDEAMC, Ft. Gordon, Georgia. *PCM* is provided as an information resource for the soldiers, retirees, and family members served by this department. Information is current and correct at the time of publication. The patient education articles are not intended to replace an evaluation by a competent medical provider. Moreover, the information is intended to be of a general nature and it cannot be assumed that such information will necessarily apply to specific individuals.

Opinions and facts do not necessarily reflect that of the United States Government or its subordinate agencies. Unless otherwise stated, all material is written by the editors.

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For the Commander,

COL Ted Epperly, MD
Chief, DPCS

Important Telephone Numbers

All Appointments for All Clinics	787-7300
All Messages for Providers	787-7360 or 787-7300
Appointment Cancellation Line	787-7300
Healthcare Information Line	1-800-333-5331
MCG Labor & Delivery	721-2468
Radiology Appointments	787-2469 or 787-2245
Outpatient Pharmacy	**Main:** 787-7010 **Connelly:** 787-5167
	PX: 787-1111
Pharmacy Refill Hotline:	787-1710
Specialty Referral Center:	787-6420

Important Upcoming Events

May	Asthma & Allergy Awareness Month
	National Arthritis Month
	National High Blood Pressure Month
	National Skin Cancer Detection Month
	National Stroke Awareness Month
4	National Childhood Depression Day
2-8	National SAFE KIDS Week
9-15	National Running and Fitness Week
9-15	National Osteoporosis Prevention Week
16-22	Buckle Up America! Week
26	National Senior Health and Fitness Day
28-31	Memorial Day Weekend *

June	National Dairy Month
	Fireworks Safety Month
	National Safety Month
	National Scleroderma Awareness Month
6-12	National Aphasia Awareness Week
20-26	Helen Keller Deaf-Blind Awareness Week
27-7/4	National Prevention of Eye Injuries Awareness Week
27-7/4	National Sobriety Checkpoint Week
30	World NO TOBACCO Day

** DPCS Clinics closed*

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Your Connection to the Department of Primary Care Services, DDEAMC, Ft. Gordon, Georgia

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